CLAIMS ONLY

	Application Number	Filing Date
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 9/30/01		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depe
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	18						Total Depend						
Total Claims	22						Total Claims						